OMB Approved No. 2900-00 Respondent Burden: 30 minu Expiration Date: 09/30/2021

Department of Veterans Affairs

#### APPLICATION REQUEST TO ADD AND/OR REMOVE DEPENDENTS

INSTRUCTIONS: Make sure you sign and date this form in Items 26A and 26B.

Note: Unless the claimant is the veteran's surviving spouse or a designated "alternate signer", the veteran <u>must</u> sign in Item 26A. When you have completed this form, you can mail or fax it to the address or the fax number shown at the bottom of Page 2.

If you prefer you may complete and submit the form online at <a href="https://www.va.gov">www.va.gov</a>.

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

you can mail or fax it to the address or the If you prefer you may complete and subm	fax number shown at the bottom of Page 2.	
	ION  : VETERAN/CLAIMANT'S IDENTIFICATION INFORMATION section is <u>REQUIREQ</u> to process your request: any omission may delay processing)	
	If completed by hand, print the information requested in link nearly and legibly to help expedite processing	of the form.
1 VETERAN'S NAME (First, Middle Initial, Lact		
2. VETERAN'S SOCIAL SECURITY NUMBER	VA FILE NUMBER (If known).     A. VETERAN'S DATE OF BIRTH  Month  Ony  Ony	Year
		1 11 1
5, CLAIMANT'S NAME (Wother than veteran) (First	Middle Initial, Last)	
6. CLAIMANT'S SOCIAL SECURITY NUMBER	7. VETERAN'S SERVICE NUMBER (If applicable) 9. TELEPHONE NUMBER (Include A	rea Codej
9 E-MAIL ADDRESS (Optional)		
	NICLAIMANT (Number and Street or Rural Route, P. O. Box, City, State, ZIP Code and Country)	
No. & Street		
Apt./Unit Number	City	
State/Province Country	ZIP Code(Posta) Code	
THE RESERVE AND ADDRESS OF THE PARTY OF THE	ECTION II: INFORMATION NEEDED TO ADD SPOUSE	
11A. SPOUSE'S NAME (First, Middle Initial, La	<u>,                                     </u>	
11B. SPOUSE'S DATE OF BIRTH	11C. SPOUSE'S SOCIAL SECURITY NUMBER (SSN) (I/ 11D_DATE OF MARRIAGE	1111
Month Day Year	your spouse does not have an SSN, explain why in Section  IX, Item 25, Remarks)  Month  Day	Year
11E PLACE OF MARRIAGE (City and State, County	and 11F. HOW WERE YOU MARRIED? (Check one)	-1-1-1-1
State or City and Country)	RELIGIOUS CEREMONY (i.e. Minister, Priest, Rubbi, etc.) or CIVIL CEREMONY (i.e. Justice of	file Peace)
	COMMON LAW TRIBAL PREDXY	
AND	DTHER (Explain)   128 SPOUSES VA FILE NUMBER (Tapplicable)   120 SPOUSES SERVICE NUM	med at the
12A. IS YOUR SPOUSE ALSO A VETERAN?  VES. (If 'TES' complete from: 12B and 12C)	12B. SPOUSE'S VA FILE NUMBER ((L'applicable) 12C. SPOUSE'S SERVICE NUM	ВЕН (Цтарригалие)
□ NO		
NOTE: If you are a veteran that VA is paying addition 12A, DO YOU LIVE TOGETHER?	al benefits for a stepchild and you no longer live with the stepchild's biological or adoptive parent, comp [135] REASON FOR SEPARATION (For example, marital problems, job requirements, hea	
YES NO (If "NO "complete Ites	the straight of the straight o	
	(Number and Speet or Rural Route, P.O. Box:, City, State, ZIP Code and Country)	
No. & Street		
Apt./Unit Number	City	
the state of the s		
State/Province Country	ZIP Code/Postal Code	

# Section I

- Ensure that the Veteran or claimant's information is entered in these fields
- Should auto populate if using a veterans management system

# Section II

• If adding a spouse, enter the spouse's personal information and current marriage details

VETERAN'S SOCIAL SEC	CURITY NO.					
NOTE: You <i>must</i> prov	ide complete informatio	on about <i>your prior marria</i>	ges and your curren	t spouse's prior marri	ages.	
	VETERAN/CLAIMANT'S PREVIOUS MARITAL INFORMATION (If no prior marriages, this section may be left blank)					
14A. DATE AND PLACE OF MARRIAGE 14B. TO WHOM MARRIE		14B. TO WHOM MARRIED (First, Middle Initial,	14C DEASON FOR	14D. DATE AND PLACE MARRIAGE TERMINATED		
MM/DD/YYYY	CITY & STATE, COUNTY & STATE, or CITY & COUNTRY	Last Name)	(Death, Divorce, Annulment)	MM/DD/YYYY	CITY & STATE COUNTY & STATE, or CITY & COUNTRY	
	CUF	RRENT SPOUSE'S PREVIOUS (If no prior marriages, this sec		ION		
15A. DATE A	AND PLACE	(II IIO piloi Illamages, illis sec	Luon may be left blank)	15D. DATE AND P	LACE MARRIAGE	
OF MAR	RIAGE	15B. TO WHOM MARRIED (First, Middle Initial.	15C. REASON FOR TERMINATION		NATED	
MM/DD/YYYY	CITY & STATE COUNTY & STATE, or CITY & COUNTRY	Last Name)	(Death, Divorce, Annulment)	MM/DD/YYYY	CITY & STATE COUNTY & STATE, or CITY & COUNTRY	
		ON III: INFORMATION NEE				
·		our children, fill out adder	ndum (Page 12) and	submit with application	n)	
16A. NAME OF FIRST CHI	LD TO ADD (First, Middle I	nitial, Last)				
16B. SOCIAL SECURITY N	NUMBER	16C. DATE OF BIRTH		16D. PLACE OF BIRTH (Pr and State, or City and Co		
		Month Day	Year	ала зішь, от сту ала со	unity)	
16E. IF THE CHILD DOES	NOT LIVE WITH THE CLAIM	MANT, PROVIDE NAME OF PERS	ON THE CHILD RESIDES (	MTH		
		o			$\neg \neg \neg$	
18F. IF THE CHILD DOES	NOT LIVE WITH THE CLAIM	IANT, PROVIDE COMPLETE PHY	SICAL ADDRESS WHERE	CHILD RESIDES		
16G. CHILD STATUS (Che	ck all that apply)					
BIOLOGICAL 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) ADOPTED CHILD INCAPABLE OF SELF-SUPPORT						
CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 16H) STEPCHILD (If checked, complete Item 16I)						
16H. HOW AND WHEN MARRIAGE ENDED						
DATE:	(MM/DD/YYYY)		RED VOID OTHER			
16I. IF YOU CHECKED "STEPCHILD" IN ITEM 16G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?  YES (If "Tes," provide the date the child entered veteran's household):  (AMADD/TYTT)						
□ NO						

# Section II

- Has the Veteran or spouse been previously married?
- If yes, list all details in the boxes

# Section II

- Is the Veteran claiming children under the age of 18?
- If yes, enter the required information

VETERAN'S SOCIAL SECURITY NO.				
SECTION III: INFORMATION NEEDED TO ADD CHILD(REN) (Continued)				
(If claiming more than four children, fill out addendum (Page 12) and submit with application)  17A. NAME OF SECOND CHILD TO ADD (First. Middle Initial, Last)				
17A. NAME OF SECOND CHILD TO ADD (F1/31, Millian) Early				
17B. SOCIAL SECURITY NUMBER 17C. DATE OF BIRTH 17D. PLACE OF BIRTH (Provide City and State County)				
17B. SOCIAL SECURITY NUMBER 17C. DATE OF BIRTH 17D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)				
month Day Year				
17E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH				
The state of the s				
17F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES				
17G. CHILD STATUS (Check all that apply)				
BIOLOGICAL 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VIA Form 21-674) ADOPTED CHILD INCAPABLE OF SELF-SUPPORT				
CHILD PREVIOUSLY MARRIED (ff checked, provide the date marriage ended and how the marriage ended in Item 17H) STEPCHILD (ff checked, complete Item 171)				
17H. HOW AND WHEN MARRIAGE ENDED				
DATE:				
17I. IF YOU CHECKED "STEPCHILD" IN ITEM 17G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?				
See Section 1 YES (If "Tes," provide the date the child entered veteran's household):(AMA/DD/TYTT)				
NO 18A. NAME OF THIRD CHILD TO ADD (First, Middle Initial, Last)				
IOA. NAME OF TRIND OFFICE TO ADD (FIST, MIGGIE MILIGI, LOST)				
18B. SOCIAL SECURITY NUMBER 18C. DATE OF BIRTH 18D PLACE OF BIRTH (Provide City and State County				
18B. SOCIAL SECURITY NUMBER 18C. DATE OF BIRTH 18D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)				
Month Day real				
18E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH				
Total Title Office Decay Not leve with the command through Name of Falcon the Office Resident William				
18F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES				
18G. CHILD STATUS (Check all that apply)				
BIOLOGICAL 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) ADOPTED CHILD INCAPABLE OF SELF-SUPPORT				
CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 18H)  STEPCHILD (If checked, complete Item 18I)				
OFFICE PROVIDED I MARRIAGE ENDED  18H. HOW AND WHEN MARRIAGE ENDED				
DATE:(MM/DD/TYYY)				
18I. IF YOU CHECKED "STEPCHILD" IN ITEM 18G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?				
YES (If "Yes," provide the date the child entered veteran's household):(AMA/DD/TYTY)				
□ no				
19A. NAME OF FOURTH CHILD TO ADD (First, Middle Initial, Last)				
19B. SOCIAL SECURITY NUMBER 19C. DATE OF BIRTH 19D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)				
Month Day Year Visit and County 11				
19E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH				
19E. IT THE SHIED DOES NOT LIVE WITH THE CONINGENT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH				
19F. IF CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES				
19G. CHILD STATUS (Check all that apply)				
BIOLOGICAL 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) ADOPTED CHILD INCAPABLE OF SELF-SUPPORT				
CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 19H)  STEPCHILD (If checked, complete Item 19I)				
19H. HOW AND WHEN MARRIAGE ENDED				
DATE:(NAM/DD/YYYY) ANNULLED DECLARED VOID OTHER (Explain)				
19I. IF YOU CHECKED "STEPCHILD" IN ITEM 19G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?  YES (ff "Yes," provide the date the child entered veteran's household):				
TES (I) "165, provide the date the child entered veteran's nousehold;" (MADDD) 1111)				

VA FORM 21-886c, SEP 2018 Page 9

# Section III (continued)

- Is the Veteran claiming more than one child under the age of 18?
- If yes, enter the required information

VETERAN'S SOCIAL SECURITY NO.	Section IV
SECTION IV: VETERAN REPORTING DIVORCE FROM FORMER SPOUSE (If you have stepchild(ren), also complete Section V)	
NOTE: If marriage ended as an annulment or declared void, use Section IX., Item 25, Remarks to explain.	• The VA must remove a spouse when the marriage ends
20A. NAME OF FORMER SPOUSE (First, Middle Initial, Last)	
	in divorce or annulment
20B. PLACE OF DIVORCE (Provide city and state, county and state, or city and country)  20C. DATE OF DIVORCE  Month Day Year	• Is the Veteron remarking a division of
	<ul><li>Is the Veteran reporting a divorce?</li></ul>
SECTION V: VETERAN/CLAIMANT REPORTING ON STEPCHILD(REN)	<ul> <li>If yes, enter the divorce details here</li> </ul>
21A. DID YOU HAVE A STEPCHILD(REN) THAT WAS THE BIOLOGICAL OR ADOPTED CHILD(REN) OF THE FORMER SPOUSE LISTED IN ITEM 20A?	if yes, enter the divorce details here
YES (If "YES," list the name(s) of the stepchild(ren) here):	
NO (ff "NO," skip to Section VI)	
21B. ARE YOU STILL SUPPORTING YOUR STEPCHILD(REN) LISTED IN ITEM 21A?	
YES (ft "YES," complete Rems 11C through 11G)	
NO (If "NO," skip to Section VI)	
21C. NAME OF 21D. IF STEPCHILD DOES NOT LIVE STEPCHILD YOU ARE WITH YOU, PROVIDE THE NAME OF DOES NOT LIVE WITH YOU. LEFT VETERANS SUPPORT	Section V
SUPPORTING  SUPPORTING  PERSON WITH WHOM  PERSON WITH WHOM  STEPCHILD RESIDES  PROVIDE A COMPLETE ADDRESS  HOUSEHOLD  PROVIDED	
	• Is the Veteran claiming stepchildren?
│ │ │ More than half │ │ │ Half	
Less than half	• If yes, enter the stepchild information here to include
More than half	
☐ Half	the level of support that the Veteran provides
Less than half	
☐ More than half	
☐ Half ☐ Less than half	
More than half	
Less than half	
SECTION VI: VETERAN/CLAIMANT REPORTING DEATH OF A DEPENDENT	Section VI
22A. DEPENDENT TYPE (Check all that apply)	• The VA word wareness of demandant remain death
☐ SPOUSE ☐ MINOR CHILD (UNDER 18 YEARS OLD ☐ STEPCHILD ☐ ADOPTED ☐ DEPENDENT PARENT	The VA must remove a dependent upon death
☐ CHILD INCAPABLE OF SELF-SUPPORT ☐ 18-23 YEARS OLD AND IN SCHOOL	• Is the Veteren reporting the death of a dependent?
22B. NAME OF DEPENDENT(S)  22C. DATE OF DEATH  (First, Middle Initial, Last)  (MMDD/YYY)  (City & State, County & State, or City & Country)	<ul> <li>Is the Veteran reporting the death of a dependent?</li> </ul>
	<ul> <li>If yes, enter information here</li> </ul>
	if yes, enter information here
	Section VII
	Section VII
	• A dependent shild must be unmarried to qualify as a
	<ul> <li>A dependent child must be unmarried to qualify as a</li> </ul>
SECTION VII: VETERAN/CLAIMANT REPORTING MARRIAGE OF CHILD	child
23A. NAME OF CHILD (First, Middle Initial, Last)	
	• Is the Veteran reporting the marriage of a child?
23B. DATE OF MARRIAGE	
Month Day Year	<ul> <li>If yes, enter information here</li> </ul>

VA FORM 21-888c, SEP 2018 Page 10

VETERAN'S SOCIAL SECURITY NO.		
SECTION VIII: VETERAN/CLAIMANT REPORTING A SCHOOLCHILD OVER 1:	8 HAS STOPPED ATTENDIN	G SCHOOL
24A. NAME OF SCHOOLCHILD (First, Middle Initial, Last)		
24B. DATE SCHOOLCHILD STOPPED ATTENDING SCHOOL		
Month Day Year		
SECTION IX: REMARKS		
25. REMARKS (If any)		
		-
SECTION X: BENEFICIARY/CLAIMANT'S CERTIFICATIOI (Note: Completion of this section is <u>REQUIRED</u> to proc		
IMPORTANT: The primary purpose of this form is to gather information or statements the	nat may result in a change	to your VA benefits By
signing this form you have given permission to make benefit payment changes that cou adverse actions are taken you will receive additional notification from VA regarding repa	ld result in the creation of a	
I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my	<u> </u>	
26A. SIGNATURE OF BENEFICIARY/CLAIMANT OR ALTERNATE SIGNER* (Please sign in ink)	(FOR USE BY VA ONLY)	26B. DATE (MM/DD/YYYY)
*ALTERNATE SIGNER: By signing on behalf of the beneficiary/claimant, I certify that the claimant  under the age of 18.	IS:	
mentally incompetent to provide substantially accurate information needed to complete the form or to certify that the statements made on the form are true and complete, or     physically unable to sign the form		
*ALTERNATE SIGNER: By signing on behalf of the beneficiary/claimant, I certify that I am:		
a court-appointed representative,		
<ul> <li>an attorney in fact or agent authorized to act on behalf of the claimant under a durable person who is responsible for the care of the claimant, to include but not limited to a second or a second o</li></ul>	pouse or other relative, or	
<ul> <li>a manager or principal officer acting on behalf of an institution which is responsible for the</li> </ul>		
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submis to be false, or for the fraudulent acceptance of any payment to which you are not entitled.	sion of any statement or evidence	of a material fact, knowing it
PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than		
38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional co- of money owed to the United States, litigation in which the United States is a party or has an interest, the admir	mmunications, epidemiological or nistration of VA programs and deli	research studies, the collection very of VA benefits, verification
of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, C and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to ob	compensation, Pension, Education	, and Vocational Rehabilitation
account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependent.  The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SI.	s for whom benefits are claimed u	inder Title 38 USC 5101 (c)(1).
1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other.	er Federal or state agencies for th	ne purpose of determining your

States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/pub 1-800-827-1000 to get information on where to send comments or suggestions about this form.

eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department RESPONDENT BURDEN: We need this information to determine marital status and eligibility for an additional allowance for dependents under 38 U.S.C. 1115. Title 38, United

VA FORM 21-686c, SEP 2018 Page 11

### Section VIII

- To be considered a school child for VA purposes, a person must be between 18-23 and attending an accredited college, technical school, etc.
- Has the child over 18 stopped attending school?
- If yes, enter information here

### Section IX

- Are there any clarifications that need to be made such as a dependent not having a SSN?
- If so, enter them here

#### Section X

Ensure that the form is signed and dated by the veteran/claimant

VETERAN'S SOCIAL SECURITY NO.		
SECTION XI: ADDITIONAL CHILD(REN) (Addendum) (Please submit this page with the completed application if you have additional children to add to your claim. If more space is		
reeded, please make additional copies of this page to submit with your application.)		
1A. NAME OF CHILD TO ADD (First, Middle Initial, Last)		
1B. SOCIAL SECURITY NUMBER 1C. DATE OF BIRTH 1D. PLACE OF BIRTH (Provide City and State, County  Month Day Year and State, or City and Country)		
THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH		
1F. IF CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES		
1G. CHILD STATUS (Check all that apply)		
☐ BIOLOGICAL ☐ 18-23 YEARS OLD AND IN SCHOOL (#Checked, fill out VA Form 21-674) ☐ ADOPTED ☐ CHILD INCAPABLE OF SELF-SUPPORT		
CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 1H) STEPCHILD (If checked, complete Item 1I)		
1H. HOW AND WHEN MARRIAGE ENDED		
DATE:(MM/DD/TYYY) ANNULLED DECLARED VOID OTHER (Explain)		
11. IF YOU CHECKED "STEPCHILD" IN ITEM 1G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?		
Section   YES (If "Tes," provide the date the child entered veteran's household):		
2A NAME OF CHILD TO ADD (First, Middle Initial, Last)		
2B. SOCIAL SECURITY NUMBER 2C. DATE OF BIRTH 2D. PLACE OF BIRTH (Provide City and State, County		
Month Day Year and State, or City and Country)		
2E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH		
ZE. IF THE CHIED DOES NOT LIVE WITH THE COMMANN FROM DEPARTMENT PERSON THE CHIED RESIDES WITH		
2F. IF CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES		
2. II Gilled Belle No. 21/2 III III II 2 Geliim Al II No. 12 Celiim 2 Celi II II Gele Al Celii C		
2G. CHILD STATUS (Check all that apply)		
☐ BIOLOGICAL ☐ 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out V.A. Form 21-674) ☐ ADOPTED ☐ CHILD INCAPABLE OF SELF-SUPPORT		
CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 2H)  STEPCHILD (If checked, complete Item 2I)		
2H. HOW AND WHEN MARRIAGE ENDED		
DATE:(MM:DD:TYYY)		
21. IF YOU CHECKED "STEPCHILD" IN ITEM 2G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?		
YES (If "Tes," provide the date the child entered veteran's household):		
NO 3A. NAME OF CHILD TO ADD (First, Middle Initial, Last)		
SN. HOME OF STILLE TO AND IZ DISE, INTRIBUTE JUNEAU, LASTY		
3B. SOCIAL SECURITY NUMBER 3C. DATE OF BIRTH 3D. PLACE OF BIRTH (Provide City and State, County		
Month Day Year and State, or City and Country)		
3E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH		
3F. IF CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES		
3G. CHILD STATUS (Check ail that apply)		
BIOLOGICAL 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out V.A Form 21-674) ADOPTED CHILD INCAPABLE OF SELF-SUPPORT		
CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 3H)  STEPCHILD (If checked, complete Item 3I)		
3H. HOW AND WHEN MARRIAGE		
DATE:(MMDD/TYYY)		
3I. IF YOU CHECKED "STEPCHILD" IN ITEM 3G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?		
YES (If "Tes," provide the date the child entered veteran's household):(MM/DD/TTTY)  NO		

A FORM 21-886c, SEP 2018 PAGE 12 - Addendum

# Section XI

- Does the claimant have more than four children to claim?
- If yes, use this addendum for additional space